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LECTURE III.

Morbid Conditions relating to Fibrin.—Hyperinosis.—Hypinosis.—Pathological Facts concerning Coagulation of the Blood.—Buffy Coat.

HAVING considered in the preceding lecture morbid conditions relating to the organized or corpuscular elements of the blood, it remains to consider morbid conditions relating to the other two divisions of blood-constituents, viz. the organic and mineral substances which enter into its composition. Directing attention to the constituents distinguished as organic, the more important of these are *fibrin* and *albumen*. What are the known morbid conditions relating to these constituents? Proceeding to answer this inquiry, the morbid conditions relating to fibrin will first claim attention.

The fibrin is that portion of the liquor sanguinis or blood plasma which solidifies when the blood is withdrawn from the vessels. In its normal state it is a liquid. It solidifies by an inherent process called coagulation. It forms the coagulum or clot which is observed when a quantity of blood is drawn into a vessel and allowed to remain for a few moments. In the process of coagulation the corpuscular elements become imprisoned, and are retained within the clot; hence the red color. Separated from the corpuscular and other constituents, it is an elastic substance more or less resisting to pressure, and, examined microscopically, presents an abundance of minute filaments irregularly distributed and interlaced, forming a reticular arrangement; this is called fibrillation. With respect to its sources and uses physiologists are not agreed, some regarding it as transformed albumen, and constituting *par excellence* a nutritive element of the blood, while others suppose it to be effete matter which is to be excreted. The coagulated lymph exuded in certain inflammations is essentially fibrin, and this is probably the basis of all the exudates. With respect to its capability of becoming organized, after it has exuded and coagulated, pathologists differ. In view of the indeterminate state of our knowledge of fibrin in its physiological relations, the amount of our knowledge of it in a pathological point of view, must needs be limited. The only morbid conditions, as yet well ascertained, have reference to the quantity of fibrin. In certain diseases the fibrin is increased, and in other diseases it is diminished in quantity.

An abnormal increase of the fibrin of the blood constitutes a condition called, after Simon, *hyperinosis*. This condition characterizes acute inflammations. The average proportion of desiccated fibrin in health is about 24 in a thousand parts. In different cases of acute inflammation, the increased proportion is found to vary from 3 to 12 parts in 1000. Cases of acute articular rheumatism present the largest increase of fibrin; pneumonia ranks next as regards this feature, and capillary bronchitis next. The increase of fibrin is not found to bear any relation to the previous health or vigor of the patient; it is not less in the feeble and sickly, than in the strong and vigorous, when attacked with acute inflammation. The increase takes place when inflammation is developed as an intercurrent affection in the course of diseases in which, if not complicated with inflammation, the fibrin is diminished, *e. g.* the continued fevers. The hyperinosis has not been ascertained to precede

the development of inflammation. The latter is not the effect of the former, the reverse is probably true; but, with our present knowledge, it is better to say that the augmentation of fibrin is a concomitant of inflammation, a pathological connexion of some kind existing between them. We know too little of the physiological relations of fibrin to understand the nature of this pathological connexion.

Not knowing the nature and extent of the pathological relations of hyperinosis, it is difficult to decide, upon rational grounds, how far this element of inflammation is a source of therapeutical indications. Blood-letting is found to increase the fibrin of the blood, and, hence, is not an appropriate remedy for inflammation, so far as this element is concerned. Animal diet, in health, renders the fibrin more abundant than vegetable; hence, theoretically, farinaceous food is suited to the treatment of inflammations. But in starving animals the fibrin increases above the normal proportion; *ergo*, a great reduction of diet is not suited to the treatment of inflammations. The supposed action of certain remedies in diminishing the fibrin of the blood, appears to be based on the power of effecting the solution of fibrin out of the body. These effects are quite different. The fibrin in the blood is in a liquid state, and its diminution has nothing in common with its solution after coagulation has taken place. To preserve in the vascular system the liquidity of fibrin, in other words, to prevent coagulation within the heart or vessels, is an object in therapeutics, as will be presently seen.

An abnormal diminution of fibrin is called, after Simon, *hypinosis*. This is less frequent than an increase of fibrin, but it probably constitutes a graver morbid condition. It occurs frequently, but not constantly, in the continued fevers, provided they are not complicated with acute inflammation of any part. As a rule, the diminution of fibrin is progressive as fevers advance in their career; and the amount of diminution is in proportion to the degree of exhaustion of the vital forces or adynamia. In the frequent occurrence of hypinosis in these fevers, we have a ground of pathological distinction between them and inflammations.

The decrease of fibrin does not occur as frequently in the eruptive fevers. In variola the quantity is generally above the normal average, which is attributable to the cutaneous inflammation. In rubella it is neither increased nor diminished. In scarlatina it is usually a little below the normal average. It is not diminished in intermitting fevers.

It is difficult to say how far, if at all, the state of hypinosis constitutes an indication for treatment in the continued fevers. It is not improbable that the importance of animal food in these fevers may have relation to this state, and it has been conjectured that the mineral acids are useful in consequence of their tending to increase the quantity of fibrin in the blood.

The foregoing changes relating to fibrin are quantitative. Qualitative alterations are inferred, but they have not been satisfactorily ascertained. It may be rationally concluded that certain morbid characters in exudations denote perversions of fibrin, but the latter have not been demonstrated. For example, the tuberculous exudation has been considered as morbidly changed fibrin. And this view may be probable, but, in the present state of our knowledge, it is hypothetical. The existence of prior blood-changes of any kind, in this or any other exudation, has not yet been proven. In short we have no positive knowledge of morbid changes in the quality of the fibrin of the blood, nor is this knowledge easily obtained, since the characters of this constituent, as it exists in the *liquor sanguinis*, are with difficulty studied. It is obtained, isolated from other constituents, only when coagulated, and it is then in an abnormal state. It is not certain that variations observed in coagulated fibrin, either within or without the vessels, represent morbid changes which existed when it was liquid and in circulation.

Certain of the phenomena pertaining to the coagulation of the blood, without and within the vascular system, are

not only interesting but important in their pathological relations. When healthy blood is drawn from a vein in a full stream, into a vessel of suitable size and form, for example an ordinary quart bowl, the fibrin coagulates within a period varying from five to twenty minutes. In the process of coagulation the organized elements or corpuscles become entangled in the meshes of the fibrin, and, when the process is completed, we have a division of the mass into two portions, viz. the coagulum or clot, consisting of the fibrin and containing the red and white globules, and a liquid called serum, which holds in solution albumen, together with other organic and certain saline ingredients. The clot is usually more or less reddened throughout, by the presence of the red globules. The serum may also be reddened by haematin, or it may be transparent. The size, form, and appearances of the clot were formerly supposed to furnish very valuable pathological indications, and the treatment of diseases was in a great measure based thereon; valuable information may, in some instances, be derived from this source, but less than was supposed before the process was as well understood as it now is.

As regards the time occupied by the process of coagulation, there is some variation, under precisely similar circumstances, in different persons in health. It differs in different diseases, and it is affected by a variety of extrinsic circumstances. Other things being equal, the coagulation in cases of acute inflammation is slow. In proportion as the powers of life are reduced, the process is rapid. An abnormal quantity of carbonic acid retards it. If blood be retained for some time in the veins, after the ligature is applied for venesection, before the vein is opened, the coagulation is slow. It is slow if the blood be abnormally aqueous. Alkalies introduced into the veins or mixed with blood after it is drawn, impede and may arrest the process. Hence, it may be inferred that, under certain conditions of disease, excessive alkalinity of the blood may cause delay in coagulation, or account for the blood remaining fluid. The process is also retarded by sugar, casein, and albumen introduced into the blood. It thus appears that diverse conditions of the blood, irrespective of the quantity of fibrin, may affect the time occupied by the coagulation, and even prevent it from taking place. When, therefore, the blood remains fluid, as it does after death in certain diseases, this may not be owing to a deficiency of fibrin, but because morbid conditions interfere with the process of coagulation. And, hence, the quantity of coagulated fibrin may not represent the actual proportion contained in the blood-plasma.

Coagulation does not always occur after death in persons destroyed by lightning, and the electric current passed through healthy blood when drawn from the vessels causes it to remain for a long time fluid. In animals destroyed after prolonged muscular exertion, as when hares are hunted to death, the blood remains frequently, not invariably, fluid. This is true in certain cases after death by apnoea. Fluidity of the blood after death from fevers of a low form is sometimes observed.

But various extrinsic circumstances affect coagulation. It takes place when blood is drawn in a full, large stream, less rapidly than if it flow slowly through a small orifice. When it trickles away it may coagulate almost immediately. It takes place more rapidly if the blood be agitated than when it is allowed to remain at rest. The blood which flows last during a venesection coagulates more rapidly than that which is first received; and the process is more rapid when the blood is received into a wide and shallow vessel than in one deep and narrow. The process is more rapid if the blood be received into a warm than into a cold vessel, and if the inner surface of the vessel be rough or irregular than if it be smooth.

The size of the clot is, in general, larger the more rapid the coagulation, but it is usually under these circumstances soft, loose, and friable. Conversely, if the coagulation be slow, the clot is apt to be small and firm. These points of difference may not depend on the quantity or quality of

the fibrin. In a rapid coagulation the globules are diffused throughout the mass, and this renders it large and soft; but if the process be slow, the globules subside to the bottom, and, under these circumstances, the lower part of the clot is always larger and softer than the upper. If the process be rapidly completed, considerable serum is retained in the meshes of the fibrin; if slowly, the serum is squeezed out, and hence the clot is smaller and firmer. But the quantity of fibrin and the force of its contraction are by no means unimportant in determining the size and consistence of the clot. A large and firm clot denotes an abundance of fibrin, and, also, a faculty belonging to coagulated fibrin, viz. contraction. A large and soft clot, on the other hand, denotes, not an excess of fibrin, but a rapid coagulation, which entangles the globules before they gravitate, and but little power of contraction in the fibrin. The former characters of the clot are characteristic of inflammation, the latter of fevers and cachectic affections.

Under certain conditions the upper portion of the clot presents a layer, more or less deep, of fibrin, which is devoid of the red globules. This layer is of a greyish white color, and has the characters of fibrin isolated from the other blood constituents. It is called the *buffy coat* or *crust*. Great importance has been attached to it as evidence of acute inflammation, and as denoting the propriety of active antiphlogistic measures of treatment, more especially bloodletting. The circumstances under which it may occur were not formerly fully understood, and, consequently, it has heretofore led to much error, and given rise not unfrequently to injurious practice. The preceding considerations will prepare for an explanation of the *buffy coat*, and for an appreciation of its pathological significance.

Two conditions are specially favorable to the production of the *buffy coat*, viz. slowness of coagulation and excess of fibrin. The specific gravity of the red globules is greater than that of the liquor sanguinis; therefore, the former sink in the latter. This fact is always illustrated in a clot; the lower portion is rendered black and friable by the abundance of globules, which have gravitated, while the upper portion contains a much smaller number. Now, if coagulation be sufficiently retarded, all the red globules gravitate below the upper portion, and it is then white or buff-colored, that is, it is pure fibrin, in other words, the *buffy coat*. It is evident that this coat or crust of fibrin devoid of red globules will be deep in proportion to the abundance of coagulated fibrin. Slow coagulation of the blood and an excess of fibrin characterize acute inflammation. Hence, the *buffy coat* occurs in cases of acute inflammation, and blood presenting it has been styled "inflammatory blood."

But other circumstances may give rise to the *buffy coat*. If the serum be thin and watery, the specific gravity of the red globules becomes relatively greater, and they sink more rapidly. And if the red globules are much reduced in number, the upper portion of the clot is devoid of them in consequence of their paucity; the proportion of fibrin to the globules is relatively increased, although the former be not actually more abundant than in health. A *buffy coat* may be produced under these circumstances which denote morbid conditions of the blood, quite the reverse of those belonging to acute inflammation. This fact was not formerly known, and how often patients already suffering from the morbid conditions of the blood which bleeding tends directly to increase, have been bled over and over again because the blood presented a *buffy coat*, they whose retrospections extend backwards a quarter of a century can best judge. Blood-lettings under the circumstances just stated favor more and more the production of the *buffy coat*. The various circumstances, already stated, which either retard or promote the process of coagulation, will, of course, either favor or prevent the formation of a *buffy coat*, such as the rapidity of the flow of blood, size of the vessel, etc.

The cupped appearance of the clot was formerly sup-

posed to indicate intensity of inflammation. Buffed and cupped blood was considered as highly inflammatory. The concavity of the upper surface, or cupped appearance, after the lapse of several hours, is due to the force of the contraction of the fibrin, and the absence of the red globules. Owing to the gravitating of the globules when the buffy coat is formed, it is of less diameter than the lower portion of the clot which contains the globules. Now, the continuity of the exterior of the buffy coat with the portion below, limits the contraction of the superficies, while the central part, not thus mechanically restrained, sinks inward, and, hence, the concavity or cupped appearance. A cupped clot, then, necessarily involves a buffy coat, and it occurs whenever the latter is present, and the force of contraction of the coagulated fibrin is sufficient. The latter condition is not peculiar to "inflammatory blood." It occurs in chlorosis and other non-inflammatory affections, and it is not, therefore, a criterion of inflammation. The concavity or cupped form of the clot causes it to swim in the serum. It is buoyed up like any hollow vessel. Otherwise the density of the clot causes it to sink in the serum of the blood.

In discriminating the buffed and cupped appearance of the blood, as denoting inflammation, or otherwise, the size and consistence of the clot are important. A large, firm clot which is buffed and cupped, is highly significant of inflammation. On the other hand, the buffed and cupped clot, if incident to impoverished blood, is small in size, and, probably, less firm. Does buffed and cupped blood, when it denotes an excess of fibrin, constitute an indication for blood-letting? Certainly not, for blood-letting tends to increase the fibrin and diminish the globules. The propriety of blood-letting must therefore rest on other grounds.

Original Communications.

A CASE OF YELLOW FEVER,

WITH POST MORTEM AND MICROSCOPICAL EXAMINATIONS;
THE YELLOW COLOR OF THE SKIN DUE TO THE PRESENCE
OF HÆMATOIDINE.

By S. FLEET SPEIR, M.D.,

CURATOR TO THE BROOKLYN CITY HOSPITAL.

JOHN WILSON, æt. 25 years, sailor on ship *Swaemie* from Aspinwall,* admitted July 14, 1863. Service of Dr. D. S. Landon. *Symptoms.*—General pyrexia; vomiting (the vomited matter he said was of a blue color); pain in the head, abdomen, and limbs; mental and bodily prostration; great irritability of stomach; black vomit; tongue deep red at the tip and edges, loaded and dark in the centre; pulse slow; skin yellow; conjunctiva yellow; urinescent; alvine dejections of a tarry appearance. There was also a suppurating wound over the left orbit, received while on shipboard some two weeks previous.

July 15.—Patient failing rapidly; seen in consultation by Drs. Landon, Bell, Crane, and Smith, who pronounced it to be a well marked case of yellow fever. July 16.—Died.

Autopsy—three hours after death. Body well formed, emaciated; rigor mortis well marked; surface yellow; some small patches resembling ecchymoses; conjunctiva yellow; blood upon the lips; thighs and nates stained with dark blood, passed by stool; contused wound about one inch in extent upon the forehead, discharging pus; bone beneath bared of periosteum; left eye swollen and ecchymosed. *Brain.*—On removing the calvarium the surface of the dura mater was bathed with pus for a space of about two inches in extent, at a point corresponding with the external wound; pus between the dura mater and arachnoid, and upon the surface of the brain in about the same

extent of surface, but in small quantity. On cutting the optic nerve of the left side pus escaped from the orbit. Small amount of serum in lateral ventricles; the meningeal inflammation did not extend into the substance of the brain. The blood which escaped on cutting the sinuses coagulated immediately. *Thorax.*—Pectoral muscles very dark-colored; a few ounces of bloody serum in the pleural cavity; lungs free from adhesions, contained scattering tuberculous masses undergoing softening. *Heart.*—The pericardium contained from three to four ounces of clear serum; weight of heart 13 ounces; veins upon surface distended with blood. Upon opening the large vessels of the thorax the blood came from them fluid, but coagulated immediately on exposure to the air. Coagulum in right side of heart, very firm and yellow, filling the cavity; small coagulum in the left side; valves normal. *Abdomen.*—Muscles very dark colored. *Liver.*—Fawn-colored; weight 4 pounds 7 ounces; mottled; in some places lighter than in others; cut surface smooth and dry; bile ducts contained small amount of yellow bile; gall-bladder contained black bile. *Spleen*—7½ ounces, softened. *Kidneys.*—7 ounces, light colored; cortical substance increased; in one of them was a small cyst containing black fluid; supra-renal capsules large and very firm and dark colored. *Bladder.*—Contained a few drachms of turbid urine; mucous membrane ecchymosed. *Pancreas*—enlarged. *Stomach.*—Contained about twelve ounces of black, sanguineous liquid; its mucous membrane was congested and ecchymosed. The whole intestinal canal was filled with a black, sanguineous liquid. The small intestine contained a living tape-worm six or seven feet long, the lower portion being broken off. Its position was lengthwise, the head towards the upper part of the canal. The mucous membrane of the intestines was ecchymosed in some places. There was entire absence of fecal matter, apparently.

Microscopical Examination.—The contents of the stomach and intestines were acid, and contained altered blood corpuscles, and abundant granules of hæmatoidine. *Liver.*—Its cells were large, and some of them fatty, but the greater portion presented the appearance of advanced waxy degeneration; there was abundance of hæmatoidine and a few blood crystals. *Heart.*—Granules of hæmatoidine, muscular fibres undergoing molecular degeneration. *Kidneys*—fatty; granules of hæmatoidine. *Spleen*—softened; abundant granules of hæmatoidine. *Pancreas* and *supra-renal* capsules contained hæmatoidine. The skin and conjunctiva contained abundant granules of hæmatoidine, and seemed to derive their yellow color from the presence of this substance. *Blood.*—Some of the corpuscles were found altered and broken down. In the examination of a case of a similar nature, reported in this Journal a few weeks ago, I was led to believe that the presence of hæmatoidine in the skin and tissues might give rise to a yellow coloration of the same, similar to that supposed to be produced by the coloring matter of the bile, in cases of yellow fever, jaundice, etc. The examination of this second case seems to verify such a suggestion.

The pathology of the two cases was very similar. In each the principal lesion was an altered condition of the blood, and its extravasation in large quantities into the alimentary canal, and among all the tissues and organs of the body. In the first case the extravasated blood acquired a very dark color, and produced a purplish coloration of the tissues. In the second case the extravasated blood had undergone changes of a different nature, and assumed a lighter color, producing a yellow coloration of the tissues, and particularly of the skin and conjunctiva.

These examinations were carefully made, and are believed to be accurate. The following conclusions are therefore deduced from them. 1st. This was a genuine case of yellow fever; 2d. Its principal lesion was an altered condition of the blood, and its extravasation among the tissues and organs of the body; 3d. The coloration of the skin and tissues was produced by the extravasation and decomposition of the blood, its hæmatine changing into hæmatoidine,

* Several sailors from the same vessel have since died of yellow fever.

and producing a yellow coloration; 4th. In cases of "blood disease," characterized by the extravasation of blood among the tissues, the latter may assume a variety of colors, depending upon changes of color during the decomposition of the hæmatine and the presence of hæmatoidine.

The well known changes of color which take place around ecchymotic spots and old extravasations, also the color of the corpora lutea, the yellow softening of the brain, and the varieties of color in pigments, seem to confirm these statements, all of them being due to the presence of hæmatoidine.

Drs. Landon, Bell, and Smith were present at the post-mortem. Dr. Bell has also examined both cases microscopically; he concurs in these opinions.

OPERATION FOR STRANGULATED HERNIA— RADICAL CURE.

By N. N. HORTON, Surg. 8th La. Inf.

PETER FOUNTAINS, Private of Co. B, 8th Regiment La. Inf., of African descent, aged thirty-seven years, has had oblique inguinal hernia on the right side for nine years. Previous to enlistment he was a slave. His master objected to his having his present wife, and tied him up by his neck to one post, and his feet to another. In this position he received over five hundred lashes, and in straining to get loose he felt something give way in the groin.

The hernia thus occasioned was completely under the control of a truss until about a month after his enlistment, when he enlarged the breach by slipping with a load while on fatigue duty; since then, by straining much, the intestines would be forced down, and form a tumor as large as a good-sized coconut. Heretofore he has been able to reduce the hernia himself, but this time he was unable to return it, and after it had been down forty-eight hours, he applied for medical assistance. Taxis, alone, was tried without success. Chloroform was then administered, but even then the taxis failed to reduce it. I then proceeded to operate with the patient under the influence of chloroform. The sac was opened, and it contained a portion of the omentum and small intestines, which were a good deal congested, with a considerable amount of serous effusion. The stricture was divided, and the parts returned; five sutures were taken, and compress and T-bandage applied. Sufficient opium was given to keep the patient perfectly quiet, and to prevent peritonitis. He was put upon very light diet. The operation was performed on August 17th, and the next day all symptoms were favorable, and there was no sign of peritonitis. Aug. 19th—Still under the influence of opium, and I relieved the bladder with the catheter. Aug. 20th—No untoward symptom. Aug. 21st—No sign of peritonitis; he can relieve the bladder without the aid of the catheter. Aug. 22d—Removed the sutures, the patient was only partially under the influence of opium. Aug. 23d—Wound entirely healed by first intention. Aug. 24th—Bowels moved regularly. Aug. 25th, 26th, and 27th—Doing well, and no sign of the hernia returning. Aug. 28th—Patient is allowed to get upon his feet, and is free from hernia. The patient has been doing duty from the first of September to the present time without a sign of the return of the hernia.

MILLIKEN'S BEND, LA., Oct. 12, 1863.

CASE OF GUNSHOT WOUND.

By P. J. FARNSWORTH, M.D.,

OF LYONS, IOWA.

In these days gunshot wounds are not uncommon, but it is not often that all the effects can be noted, or that a post-mortem follows. The following is a case in which all the conditions were noted.

An officer, attempting to impound some hogs, was at-

tacked by the owner, and an affray ensued. The officer fired his revolver as the man was coming down upon him. After the shot the hog owner threw down the officer, and wrested the revolver from him. They were separated, but he pursued the officer for thirty or forty rods, then went back for some distance to his hogs, and sank down saying he was shot. The surgeons were immediately sent for, and were on the spot in half an hour. The wound was just at the lower edge of the sixth rib near its sternal end. There was a great amount of prostration, and a complaint of pain at the pit of the stomach. The pain increased at every respiration. Reaction took place slowly, but by the use of stimulants and external warmth he rallied. Copious vomiting then took place. The probe seemed to follow the wound in a downward direction, and we conjectured that the ball might have entered the kidney. Morphine seemed to increase the irritation of the stomach, and small pills of opium were given, which seemed to give relief, and drink and nourishment were retained. The dyspnea seemed to increase, with tenseness of the abdominal muscles. He was unable to pass his water, and a catheter was introduced, which brought away the urine, normal in quantity and quality.

The man lived from half past ten A.M. until two the next morning, when the difficulty of breathing seemed to amount to suffocation, notwithstanding the lungs appeared to be uninjured. The pulse had been flagging for some time, and the man wandered in his mind.

The post-mortem, twelve hours after death, showed the track of the bullet through the lower edge of the sixth rib, near its cartilaginous extremity; passing through the edge of the left lobe of the liver, it then entered the stomach on its anterior surface, about the middle of the greater curvature, passed through and made its exit near the pyloric orifice, making a large rent from its oblique direction. Thence it passed into the transverse colon, making so small an opening that it was only a mark; about two inches from this point there was another mark, but it looked so like an injury from the inside that we concluded the bullet was in the colon; but on introducing the hand into the cavity of the abdomen the missile was found lying loose near the top of the sacrum. There was but little hæmorrhage, but a large amount of bloody serum in the abdominal cavity. Towards the last hours of his life he had taken a large quantity of fluids, which must have passed directly out of the large opening; the stomach was empty.

The weapon was an eight-inch Colt's revolver; the ball a conical one weighing nearly half an ounce; yet, from all appearance, if the opening at the pyloric orifice had not been oblique there would have been no escape of the contents of the stomach or bowel.

A brilliant success in the way of operative surgery has lately been achieved by M. Maisonneuve at the Hotel Dieu. A patient presented himself in July with symptoms of exophthalmia, which he stated had commenced a year previously, and had been progressing steadily. The ocular protrusion advanced until the organ was completely ejected from its socket, and vision lost. M. Maisonneuve, convinced that the cause of deformity was an exostosis springing from the inner wall of the orbit, by means of a V-shaped incision, the point of which lay upwards and on the middle line, entered the orbit, and, pushing aside the soft parts, reached the bony mass. This with some difficulty was removed by means of powerful forceps, and the protruded organ replaced into its natural cavity. The tumor, which sprang from the ethmoid bone, proved to be as dense and hard as ivory, ovoid in form, and three ounces in weight. The patient recovered without a bad symptom, and, strange to say, eyesight and the power of moving the globe have completely returned. "But for the slight scar on the forehead," says M. Maisonneuve in his report to the Academy of Sciences, "no one would suspect what has occurred."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, June 10, 1868.

DR. L. A. VOSS IN THE CHAIR.

CENTRAL NECROSIS OF THIGH BONE, RESULTING IN DESTRUCTIVE SYNOVITIS OF THE KNEE-JOINT.

Dr. KRACKOWIZER presented part of an inferior extremity, removed by amputation from a young man twenty years of age, an hotel-keeper, with the following history:—

The patient had always been in the enjoyment of good health, with no hereditary tendencies. About five years ago he was thrown from his horse, and, according to his account, sustained a fracture of the thigh about its middle. He recovered from this in due time, with a very inconsiderable amount of shortening.

On the sixteenth of January last, while driving to market, the day being extremely cold, he became thoroughly chilled, and when he arrived at home it was not until some time after that he was able to get warm. After he had gone to bed fever came on, which lasted the greater part of the night. He did not experience any pain until the following day, when it attacked his right knee, which by that time had become swollen and red. He was treated by an experienced practitioner antiphlogistically, but without much relief. The evidences of pus in the knee-joint were so unequivocal that the practicability of making an opening into it was broached to the patient, but he refused to have it done. Shortly after this an ulceration appeared on the exterior of the thigh, a little above the knee, and a large quantity of matter was discharged. From that time his health was better, so that by the end of the March following he was able to get about to attend to his business. The patient did not have any regular attendance from the time the abscess opened until the last week in April, when Dr. Krackowizer first saw him. Dr. K. found the patient pale, rather emaciated, and a little feverish; the appetite was somewhat impaired. The right leg was semiflexed and strongly rotated outwards; the head of the tibia was drawn back somewhat, so that with the fibula it made a slight prominence in the popliteal region. The hamstring muscles were somewhat tense, but there was nevertheless some degree of active and passive mobility; he could support the weight of the body upon the limb, and even walk about a little with the assistance of a cane. The appearances of the ulceration previously alluded to were such as to lead Dr. Krackowizer to suspect the existence of dead bone, though nothing of the sort could be detected by the passage of a probe through the opening. The day following chloroform was administered, and a more thorough examination of the parts made, with the assistance of Dr. Voss. The finger introduced into the wound swept freely around the popliteal space, but discovered no sequestrum. It so happened that the limb being twisted upon itself in a particular position during the course of the examination, caused a puffing out of the capsule of the joint by the admission of air, which fact proved that the external opening communicated in some way or another with the cavity of the joint. The day following the examination a pretty active inflammation was set up in the joint, and also in the dorsum of the right foot. The patient residing at such a distance from Dr. Krackowizer that it was impossible to see him oftener than once every second day, another physician was called in in his stead. The patient was not heard of until one month after. He was then very pale and emaciated, and had symptoms of hectic. The extremity was so strongly rotated outwards that the outside of the limb rested upon the bed; at the same time the foot was much swollen, of a purplish hue, and had many small sinuses, through which a great quantity of matter found an exit. The probe touched dead bone in every direction.

The patient's condition not being a very favorable one for amputation, the operation was postponed for a week. The limb was removed through the middle of the thigh. On sawing through the bone at that point it was found to be eburnated and to be the situation of a sequestrum, the upper extremity of which reached further up into the cancellar structure. This rendered it necessary to saw higher up to find healthy bone, when another small cavity was found, a sort of offshoot of the original one, containing two or three small pieces of dead bone. The patient promised to do well.

The opening into the thigh extended into the popliteal space, between the tendon of the biceps and the external condyle of the femur. The posterior portion of the capsule of the joint was found ulcerated at two points. On removing the quadriceps femoris the capsular ligament was found perforated by another ulceration, which gave issue to a large quantity of matter which was accumulated between the thigh bone and the muscle. The knee-joint itself was very much disorganized, but there was no communication found between it and the sequestral cavity, leading to the inference that the inflammation resulting from the presence of the necrosed bone was by contiguity. The probable theory is that inflammation occurred in the joint and in the cancellous structure of the bone at the same time, and afterwards subsiding in a measure, was rekindled in the joint in consequence of the presence of the sequestra. There was nothing interesting in the appearance of the foot.

UNGUAL EXOSTOSIS.

Dr. KRACKOWIZER presented a second specimen, consisting of the last phalanx of the third toe, which had been the seat of unguis exostosis. He merely exhibited it in consequence of the rarity with which it occurred in that precise situation. A great deal of pain was occasioned by the presence of the growth, and the last phalanx was amputated to afford relief.

STATED MEETING, June 24, 1868.

DR. D. S. CONANT, PRESIDENT, IN THE CHAIR.

RARE FRACTURE OF LOWER END OF TIBIA.—GANGRENE OF FOOT FROM TIGHT BANDAGING.—AMPUTATION OF THE LEG.

Dr. KRACKOWIZER presented a leg and foot, removed by amputation for gangrene, the consequence of tight bandaging. The patient, a boy, 5½ years old, while at play on the fourteenth of May last, was thrown down, it is impossible to say in what manner, and sustained a very rare fracture of the tibia. He was unable to rise, and was carried into the house, and put to bed. He could raise the foot from the bed, but was unable to make any motion at the ankle-joint. His most comfortable position was with the leg flexed upon the thigh, the thigh flexed upon the pelvis.

The morning following the accident, a physician was called, who pronounced the injury fracture of the fibula, and applied a tight bandage. The boy complained of pain, and passed a very restless night. The next day the physician's attention was called to the bandage, and also to a blueness of the toes, which then existed, but he looked upon it as a trivial matter, and did not interfere. On the third night the pain was intolerable, but still the physician refused to interfere, assuring the friends that the patient would soon be all right. After the third day the patient became more quiet, the toes became darker in hue, and when at the end of the fourth day the appliances were removed, the foot was seen to be fairly gangrenous, while there were unmistakable evidences of severe constriction higher up. On the tenth or twelfth day after the injury Dr. Krackowizer was called in. The parts were then in such a condition as not to warrant an immediate amputation, and the operation was deferred until the seventh of June. Before that the ankle-joint opened, and it could then be seen that the lower epiphysis was detached and adherent to the ligaments of the foot, and

that there was a crack in the bone of the tibia. There was a very oblique fracture of the tibia, commencing on the posterior aspect of the bone, and passing downwards and forwards to the line of the epiphysis—the posterior line stopping one inch above. The fibula was intact. The epiphysis of the fibula was not detached, whereas the opposite was the case with the epiphysis of the tibia. From the condition of the fracture it would be almost impossible to determine its existence from any objective symptoms. The fracture would seem to have been caused by the fixing of the foot, and then a twisting of the body from left to right, and from before backwards. Dr. Krackowizer was inclined to think that the separation of the epiphysis was not due to fracture *per se*, but that the line of fracture extended to the line of junction between the epiphysis and diathesis, and that the reparative processes necessary for a repair of such a lesion were arrested after the first eighteen or twenty hours by the occurrence of gangrene. The fracture was not compound.

Dr. Buck remarked that the variety of fracture was a very rare one. He did not think the fracture could have been diagnosed, though it might have been suspected from the extreme sensibility of the parts, and the amount of tenderness on pressure, together with the inflammatory symptoms following the injury.

He thought, with Dr. K., that the foot had been caught and held firm, while the body acting upon the limb had given it a certain rotary motion of the leg upon the foot. He regarded the separation of the epiphysis as the result of gangrene, and not of the fracture.

CANCER OF OMENTUM ASCITES.

Dr. KRACKOWIZER presented a second specimen, consisting of the stomach and annexa of a woman, thirty-nine years of age, who died the day before, about forty-eight hours after the operation of tapping. She was the mother of five children, the youngest being fifteen months old, and was always considered to enjoy good health, until about four months ago she began to suffer from weakness and frequent vomiting. This latter symptom became very annoying, but was somewhat relieved by the taking of slight exercise before each meal. It was not until three weeks before her death that she noticed an enlargement of her abdomen, attended with a very considerable amount of pain. Her menstruation during all this time was regular. During the week previous to the operation the pain in the abdomen was so intense that she could get no relief except by placing herself in a prone position resting upon her elbows and knees. On examination per vaginam the uterus was found anteverted to such a degree that the vagina was nearly occluded. There was dullness on percussion all over the abdomen, from the symphysis pubis to the epigastrium. A pailful of water was drawn off, and the walls of the abdomen being thereby rendered lax, a tongue-like process was felt, which was easily recognised as the omentum in a diseased state, and the opinion was given that cancer of that organ existed, and no hope of a successful issue to the case was entertained. She sank and died forty-eight hours after. At the autopsy about a gallon of fluid was found in the abdominal cavity, and in the lower part of the pelvis; and adhering to the different organs were some shreds of recent lymph. There was cancerous deposit in almost all the peritoneal folds. The omentum, liver, gall bladder, stomach, ascending and transverse colon, and vermiform process, were all involved in the cancerous mass. A band of fibrous tissue extended across the lesser curvature of the stomach from the pylorus, and tended in a manner to prevent normal distension of the stomach.

It is stated that Dr. JOSEPH WARREN, the distinguished leader in the Revolution who fell mortally wounded at the battle of Bunker Hill, was the accoucheur at the birth of Lord Lyndhurst, just deceased in England, and the venerable Josiah Quincy, of Boston, both of whom were born on the same day at Boston.

American Medical Times.

SATURDAY, NOVEMBER 7, 1863.

THE CONSCRIPTION LAW.

THE great national conscription has finally terminated, and we have the general results summed up in the report of the Provost Marshal-General FRY. From this report we learn that the machinery for executing the Enrolment Act is in complete working order. The law as it stands, he states, cannot be made to develop the entire military strength of the nation, and the execution of it has been rendered exceedingly difficult by the efforts made in various ways to resist or evade it, or to escape from its operation. Its fruits, therefore, are not as abundant as they will be from a perfected law and more thoroughly established system of executing it. All the advantages, however, which could reasonably have been expected from the law are accruing.

In his opinion, its general principles distribute the burdens of military service fairly among those liable to bear them, but, he adds, there is perhaps more generosity than justness in some of its humane provisions. He advises certain modifications, which can readily be made by Congress, and then the military strength of the country may, by the direct and indirect operation of this act, be surely and cheaply brought into the field.

He presents the following statistics, with accompanying remarks, which we freely extract. Of those drawn in the present draft, including the 50 per cent. additional, over 80 per cent. have reported in accordance with the orders of the Boards. Of the 20 per cent. who have not reported, many are not wilful deserters, being unavoidably absent, at sea and the like.

Of all examined about 30 per cent. have been exempted on account of *physical disability*, about 30 per cent. have been exempted under the provisions of the second section of the act, or found not liable to military duty on account of alienage, unsuitableness of age, non-residents, etc. Those who are not liable to military duty, and form no part of the national forces, and therefore have been erroneously enrolled, appear in the general reports of the Boards among those *exempted*, because their non-liability to serve could not be established until they came before the Boards. The number of *exemptions* is thus made much larger than it really is.

About 40 per cent. of the men examined have been *held to service*, and have either entered the army in person, furnished substitutes, or paid commutation. About *one half* of those held to service have paid commutation; of the remainder about *two-thirds* have furnished substitutes, and all except a few in transit and a small proportion of deserters from among the earlier substitutes accepted are in the ranks of their regiments in front of the enemy. It is fair to suppose that most of those who wilfully fail to report, and thus become deserters, are physically fit for service; if they had been examined the proportion exempted for physical disability would have been reduced to about 25 per cent. The *proportion of exemptions* would be still further reduced by purging the enrolment lists *before draft* of all cases of manifest unfitness, and of aliens and others

not liable to military duty, as may be done where this system of raising troops is well established.

The Provost-Marshal states that since the present rebellion began about 200,000 soldiers, after entering service, have been discharged on surgeon's certificate of disability. It is probable that at least one half of them were unfit for service when received.

He makes the following comparison:—In Great Britain under the system of *voluntary* enlistments the rejections average over 27 per cent. In France, from 1831 to 1842, the average number of exemptions annually was 94,860; so that, to secure the contingent of 80,000 men, 174,860 conscripts were examined. In this country it appears that of the recruits who presented themselves for enlistment in our regular army in 1852, 70 per cent. were rejected for physical infirmities exclusive of age or stature. Between first of January and first of July last more than *one half* were rejected. These were men who *desired to be accepted*. These proportions are of interest in connexion with the fact that less than *one third* of the drafted men *who desire not to be accepted* have been exempted on account of physical unfitness.

GENERAL FRY takes a flattering view of the integrity of the officials of his department. He says:—"There have been but few cases of incompetency, fraud, neglect, or abuse, in the examination of drafted men." It may be that few cases of fraud have come to his knowledge, but the air is full of rumors in the highest degree detrimental to the character of Enrolling Boards. And we regret to be obliged to acknowledge that many of those rumors, sustained by strong circumstantial evidence, implicate examining surgeons. Substitutes have been accepted with every conceivable external, and easily recognised disability. We have seen a substitute passed by a surgeon to one of our city Enrolling Boards who was upwards of fifty years of age, had the appearance of an imbecile, and who was suffering at the time of enlistment from the following formidable list of maladies, viz. 1. Epileptic seizures repeated every two or three days; 2d. Tertiary syphilis; 3. Large hæmorrhoids; 4. Stricture of the urethra; 5. Varicose veins in both legs. Such manifest dereliction of duty is disgraceful in the extreme, and merits the severest punishment. Not less unfavorably does the statement of the PROVOST-MARSHAL reflect upon our profession, that of the 200,000 men discharged on surgeon's certificate of disability one half were unfit for service when received. But we were prepared for the revelation of these facts. The examination of recruits was too loosely conducted to detect any but the most apparent disability.

In reviewing the experience which we have now gained in the examination of recruits, conscripts, and substitutes, we are inclined to believe that these examinations should be conducted by surgeons of the regular army, at least to a large extent. Whenever places of this kind are thrown open to the public the incompetent will obtain the greater number, and fraud or neglect will characterize their official duties.

THE WEEK.

ONE of the most painful sights that greet us in the Army, next to that of human misery, is the suffering of horses. They are subjected to over working and under feeding until no longer able to perform duty, when they are in-

continently dismissed the service. Successful efforts have been made by Government to relieve the sufferings of these poor animals, and reclaim them. A large establishment has been opened at Washington for the reception and treatment of horses, where they receive the kindest treatment. It is gratifying to read the arrangements here made for the care and comfort of one of the most useful servants which we have in peace or war:—

"The hospital, however, exceeds in completeness of arrangements, neatness, and comfort, all bureaux of this immense department, and excites not only admiration, but wonder. From an insignificant, imperfect organization, it has merged into a vast establishment, that rivals even the hospitals of our sick and wounded soldiers, and saves each month to the government thousands of dollars. The buildings have been constructed at great expense, nothing that could in any way tend to comfort and speedy cure having been omitted. Connected with each stable is a medical office, supplied with all necessary remedies, bandages, surgical instruments, etc., from which one steps out into a long passage between the stalls upon a floor of clay hardened and whitened almost like marble. Here are horses suffering from wounds of every description, some with broken ribs, some with flesh wounds from shot and shell, some with sabre cuts and bruises, while others shift about uneasily with swollen, bleeding backs, galled by the saddle, or drop their heads from debility and exhaustion. The utmost care is taken in the preparation of their food and in preserving cleanliness. Each animal has a bedding of straw or refuse hay, and is attended with the same regularity that characterizes the treatment in our city hospitals. Wide, shallow troughs are provided, into which the invalids are led and their wounds washed, and gentleness is used towards them to such a degree that each horse seems to appreciate the object of the attendants, and soon submits to the application of remedies as though he rather liked it. Great taste has been displayed in ornamenting the stables with wreaths and other devices made out of evergreens, and the stalls are kept as white as lime can make them. In the warmest weather a cool atmosphere pervades the entire establishment, and in winter one might wrap himself in a blanket and sleep as comfortably on the straw as in the most sumptuous apartment, the ventilation being so arranged that the heat thrown off from the large collection of horses can be carried out through the roof or confined at pleasure. When first established the hospital was supplied with veterinary surgeons; but their method of treatment not proving satisfactory, the old system of simple remedies and unremitting attention practised in the regular army was resumed with marked results. During a period of six months nearly fifty thousand horses were treated in this hospital, of which over one-half were reissued to the army, and during a period of three months the cures under the old style of practice exceeded those of the veterinary surgeons nearly fifty per cent. In addition to this, the enormous expenses incurred to furnish the latter with medicines (which included almost every drug and poison known to medical science) had been reduced to a very small figure, while the horses that are cured enter the field again with constitutions unimpaired by poisons, and as hardy as when purchased by the government. Improvements are constantly being made to the hospitals, and one cannot leave them without experiencing the conviction that, with the advancement in the art of destroying humanity, a new era has dawned upon the horseflesh of the Yankee nation."

THE Floating Hospital in New York Harbor has proved a perfect success. When first organized it met with opposition, and was regarded as a chimerical scheme. But from the period of its first employment to the present it has fulfilled the purpose of its projectors. During its existence the Hospital Ship has been well served. The first medical

officer was DR. ELISHA HARRIS, who directed its construction; the second was DR. A. N. BELL, and the third DR. WALSER. The latter has recently made a report, from which we take the following account:—

"The Floating Hospital, for the establishment of which the credit is due to DR. ANDERSON, of Staten Island, has been in use since 1859—the period at which the Commissioners of Quarantine abolished the Marine Hospital on Staten Island. In its construction, every attention has been paid to the supplying of the wants and insuring the comfort of the patients. The upper wards, containing sixteen beds, are well ventilated and spacious—while in the lower or main decks, thirty-four beds are ready for convalescents or persons in quarantine. The temperature during the most sultry summer days has never exceeded 84° in the upper wards, and 76° in the lower deck. Five degrees to the starboard or port, is the maximum inclination of the ship during the heaviest ground-swell; the rocking of the vessel could not be, and never was, a cause of complaint; equally unwarrantable were the apprehensions from the bilge of the vessel which, open to light and air, frequently renewed, and destitute of saccharine or other vegetable or animal matters, which in their decomposition produce the deleterious and offensive gases (sulphuretted hydrogen), scarcely differed in taste, odor, or color from the water of the surrounding bay. The principal objection, however, to the Floating Hospital, its liability to infection, urged as an almost infallible consequence by the contagionists, has happily proved erroneous, and the most pleasing anticipations of its projector have been fully realized under the most severe tests. Not a solitary case has ever occurred among the employees, notwithstanding their constant contact with the sick; and though mattresses on which some of the most virulent cases died, have been used by myself and others, not the least unpleasant occurrence has resulted from it; our only preventive being the most scrupulous cleanliness on board, and the entire exclusion of everything from infected vessels except the sick in all stages of the disease."

"Up to the present time, one hundred and eighty-five cases of yellow fever have been treated on board, or seventeen in 1859—eighteen in 1860, twenty-seven in 1861, fifty in 1862; seventy-three in 1862, with the aggregate of forty-five deaths."

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We are glad to learn that SURGEON-GENERAL HAMMOND has completed his Southern tour of sanitary inspection, and is about to return to his duties at Washington. However desirable it may be for the Chief of the Medical Bureau to visit distant military departments, nothing can compensate his absence during a long interval from the Executive chair. This is especially true when such immense responsibilities rest upon the Department, as at present. The following extract from the London *Medical Times and Gazette* shows what an impression the action of the Secretary of War in regard to the Surgeon-General makes upon the foreign mind:—

"Appointed by the President, in spite of the old routine custom, over the heads of many seniors, he came to his task full of vigor, in the prime of life, and capable of great physical endurance. With a bold hand he surrounded himself with trustworthy subordinates, displacing many whom he did not think equal to the crisis, and proceeded energetically with his work. Large armies had to be provided for, a system of military hospitals to be organized, the examining boards to be reconstructed, and an army Medical school and museum to be founded. Well, in these vast and useful works he seems to have succeeded beyond all expectation, and the confidence of the public in the new system of Medical organization has been warmly expressed, and yet, by the last accounts we learn that he has been sus-

pended from his office, and ordered to a distant service, a commission having been appointed to inquire into the condition and management of his office. No charge against him or reason for the investigation has transpired."

Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1863. Albany: 1863.

THE Transactions of the Medical Society of the State of New York are increasing in value. The present volume contains many elaborate papers by prominent writers, some of which are important additions to our medical literature. The Secretary, Dr. Willard, who has done so much for these Transactions, is compelled to apologize for a few typographical errors and inaccuracies. These defects are serious drawbacks upon the volume, but we must be charitable towards the Secretary. He receives the manuscript in an imperfect condition and is compelled to run it through the press, like other government printing, without due appointment to correct proof. If the Society desires accurate Transactions it must publish the volume itself. We are, however, content to receive it in its present shape, when we recollect that in its issue it represents the power which the profession has in the State Government.

The subject of President Hun's annual address was the "Influence and Progress of Medical Science over Medical Art." We shall notice this production on another occasion, and therefore pass it for the present.

ARTICLE II.—*Remarks on Hospital Construction, with Notices of Foreign Military Hospitals*, by CHARLES A. LEE, M.D.—Prof. Lee remarks: "No institutions have been so abused and mismanaged as public hospitals. Originating in the purest benevolence, and supported with the most commendable liberality, they have, from faults of site, construction, and management, not only in a great measure failed in accomplishing the objects in view, viz. the recovery of the largest number of sick men in the shortest possible time, but they have even aggravated the very evils they were designed to remove."

The design of the paper is to show the importance of the pavilion hospital. He first alludes to the English commission of inquiry into the condition of the military hospitals: "It is well known that this commission not only effected many most important reforms in the existing barracks and military hospitals of Great Britain, but that it has brought about, also, a complete change in hospital construction, ventilation, and management. When they commenced their labors, the general hospital at Dublin, and the Fort Pitt general hospital, were the only two military hospitals in the United Kingdom in which the pavilion structure had been followed (the latter very defective, inasmuch as the windows were at the ends instead of the sides of the walls); now, the pavilion or block plan, is the only one recognised as suited for hospital purposes, whether general, regimental, or camp or temporary hospitals."

He gives at some length the leading ideas in the organization of military hospitals in England, with the description of several hospitals. The tendency now is strongly to the pavilion hospital. The continental hospitals described at length are the Military Hospitals at St. Petersburg, at Verona, and at Rome. The paper closes with a circular memorandum from the War Office, London, for the guidance of Royal Engineers in the erection of hospitals. The paper is illustrated with diagrams of the hospitals examined. The paper of PROF. LEE is very valuable at this time. It places in an accessible form the latest views of the Europeans in regard to the construction of hospitals for soldiers.

ARTICLE III.—*On the Mechanical Treatment of Pott's Disease of the Spine*. By CHARLES F. TAYLOR, M.D., of New

York.—The design of the paper is to illustrate the author's method of treating the disease by mechanical appliances.

ARTICLE IV.—*On Medical Provision for Railroads. Supplementary paper: containing also an analysis of the Bill entitled, "A Bill to provide compensation to passengers for injuries sustained on the railroads of the State; also to provide surgical stations and hospital accommodations on the railroads of the State," read before the surgical section of the New York Academy of Medicine, October 24, 1862.* By E. S. F. ARNOLD, M.D., M.R.C.S.E., of Yonkers, Resident Fellow of the Academy. This article is the sequel of an article presented to the Society last year, and published in the Transactions of 1862. In it the author sets forth at length the argument in favor of proper provision for the care of the injured in railroad accidents, and the efforts to obtain legislative enactments. The subject is one of great importance, and ought to enlist the cordial co-operation of the profession. It has been so fully discussed in this Journal that we need not review the present paper.

ARTICLE V.—*Remarkable Case of Deception. A woman professing to secrete nothing but charcoal and stones for a number of years, all the natural functions being arrested. And the deception unmasked.* By LEWIS A. SAYRE, M.D., of New York.—This was one of those disgusting cases of attempt at deception by a hysterical woman which creates such interest among the people. The poor creature seems to have entirely deceived one or two physicians.

ARTICLE VI.—*De Lunatico Inquirendo.* By JULIUS AUERBACH, M.D., of Queens Co.—Dr. Auerbach proposes to the Society the study of the jurisprudence of insanity with reference to an improvement of our laws.

(To be Continued.)

RESIGNATION OF PROF. H. H. CHILDS.—At a meeting of the Trustees of the Berkshire Medical College, Henry H. Childs, M.D., the President of the institution, as well as its founder and father, resigned the Professorship of "Obstetrics and the Diseases of Women and Children," which he has held so many years. For nearly forty years he has been the active head of the Berkshire Medical College—his usefulness having extended to a period almost unprecedented. During these years, by his energy, zeal, and enthusiasm, he has achieved a widespread reputation as a medical man, and by his kindness of heart and courtesy of manner, a no less deserved name as a Christian gentleman.

TREATMENT OF PNEUMONIA BY ACETATE OF LEAD.—Professor Laudet, of Rouen, in this paper gives the results of his employment of the neutral acetate of lead in 40 cases of pneumonia in Hospital patients, for the most part of weak constitutions. Of these, 37 were cured and 3 died. The dose employed varied from a minimum of $1\frac{1}{2}$ grain to a maximum of 12 grains per diem, the total quantity of the salt administered during the whole period of treatment varying from $7\frac{1}{2}$ to 78 grains, the mean quantity having usually varied from 30 to 60 grains. It was always given in pills, and the mean duration of its employment was six days. The mean duration of pneumonia treated by lead was twelve and a half days. In more than one half the cases the lead gave rise to diarrhoea. At the commencement of the treatment the author recommends that the dose should be from 6 to 9 grains per diem, which induce a rapid and persistent depression of the pulse, and lead to a speedy resolution. Convalescence under this treatment is of speedy occurrence, the appetite being restored as soon as the fever has disappeared, even when resolution has not advanced. Strength is rapidly recovered.—*Bull. de Thérap.*, vol. lxiii., pp. 385-394.

L'Imparziali relates that a woman at Florence lately produced four children at a birth. The placenta was single, and had attached to it four cords.—*Brit. Med. Jour.*

Army Medical Intelligence.

A MEDICAL CORRESPONDENT

IN THE ARMY OF THE POTOMAC.

[Several interesting letters have appeared in the *London Medical Times and Gazette* from a correspondent in the Army of the Potomac. The following contains so many facts of general interest that we extract it.—ED. MED. TIMES.]

"Regimental Surgeons have nothing whatever to do at present. One reason, because few cases of sickness occur; another, the principal one, because when a man does get so ill as to be unfit for duty, he is immediately sent to the Hospital of Division by order of the Medical authorities. This Hospital is established near the camping grounds of the Ambulance Corps. It consists of a dozen Hospital tents under the shade of a huge arbour which the ambulance men have constructed over them. It is a very quiet place, and the patients seem comfortable and clean; they have plenty of attendants, plenty of supplies. There are no iron bedsteads, such as are common in military Hospitals further from the front, but the stretcher makes a useful substitute in the field. A Surgeon with one assistant is detailed in charge. This plan of collecting the sick of a division near the ambulances has proved very useful in the late campaign. There is not a sick soldier in the camp of any regiment; all are inmates of this Hospital. If, then, an order arrived directing us to march immediately, we would have no trouble with our sick. The regiments fall in and march off, and by the time they are in motion the men unfit for duty are lodged in the ambulances, which then bring up the rear of the column, so as to pick up those who fall out exhausted or footsore. At evening the tired men rejoin their regiments, and a night's sleep prepares them for the march next morning, while the sick men, if the movement is to be resumed on the morrow, pass the night in the wagons, but if a halt of a day or two is anticipated the tents are pitched, the stretchers made to do duty as beds, and an impromptu Hospital is formed. The Regimental Surgeons have thus nothing whatever to do except when a man gets sick to see him safely despatched to Hospital. The plan answers very well now when we have but two or three thousand men in our decimated divisions; but when the conscription has filled up our ranks to their normal strength of fifteen or twenty thousand men, every Surgeon shall have, I presume, to attend to his own men. Regimental Hospitals will be re-established, and that of the division broken up, on account of being then too large an affair to work smoothly in the field. Just now in these Hospitals there are but few patients, and the number of those affected with acute diseases is very small; the majority are men who, as the expression is here, have got 'used up' on the late marches, and who are now regaining strength on good diet, quinine, and whiskey.

"When one puts the question to himself—Why have the Medical authorities, by the establishment of these Hospitals in each division, taken the direction of the cases of disease entirely out of the hands of the Surgeons in charge of regiments? it is difficult to arrive at a satisfactory answer. Is it on account of the utility of the arrangement when the army is in motion? Perhaps the idea was originated with that end in view; but why continue the institution now that the troops are quiet in camp? The patients cannot have better attention paid them by nurses, strangers to them perhaps, in Hospital, than by men, their comrades, detailed to the Hospital Department of their own regiment. They cannot be better furnished with supplies than they would be if in charge of their own Medical men, since division and regimental Hospitals are

equally distant from the base from which those supplies are derived. They would have the same air, the same water, and an equally salubrious camping ground in the one case as in the other. It is not to prevent the spread of disease among us by contagion that the sick are in some measure removed from us, for we have no contagious diseases; and the smallness of the percentage of sick negatives the supposition that their removal was intended to prevent any depressing influence their presence might occasion among the troops. Dare we look, then, to the regimental Medical officers themselves for an explanation? Is it that the authorities, who, by the recent suppression of the use of calomel and tartar emetic, showed the distrust they had of the capabilities of these gentlemen, have come to the conclusion that it would be of more benefit to the service for them to lock their medicine chests and turn over their sick for tendance to a man of tried Professional qualifications—the Surgeon in charge of the division Hospital. This is an ugly view to take of the matter, but one is at liberty to look so at it when, knowing that there are men sick, one sees, and has seen for four weeks past, regimental Hospitals deserted, their stewards unoccupied, their attendants drawing rations from their companies instead of on Surgeon's requisition, and their Medical men seating themselves quietly to breakfast while sick call is being beat, aware that it now is but an empty sound. The arrival of the conscripts will, I think, as I said before, put an end to this state of matters. These unwilling patriots, or their substitutes, are already joining us, although as yet in but small detachments. An order has been issued requiring Surgeons to examine and report on the physical condition of every man sent to join their commands. If this order be rigidly carried out it will save an immense amount of expense to Government, and of subsequent trouble to the Surgeons themselves. When this army was first organized, examining Surgeons were very careless, or duped perhaps by roguish recruiting officers. Almost every one who volunteered was accepted, and the consequence was when active service commenced a heavy bill of sickness and mortality. The Surgeons then in the field felt sorely the necessity for a strict examination of recruits, and now, having themselves that duty to perform, it may safely be argued that the physique of the conscript will be far superior to that of the volunteer army when it first entered the field.

"In a late number of the *Medical Times* which reached me, I observed some remarks of yours on the volunteer Surgeons of America, *apropos* of the proscription of calomel and tartar emetic by the Surgeon-General. I have not the article beside me, but I think you jocularly predict that the next edict will be that no more field instruments are to be issued, and that those already in the possession of army Surgeons are herewith ordered to be turned in, since the Surgeon-General believes that the country has derived more harm than benefit from the indiscriminate use of these edged tools. Well, the majority of Surgeons in this army since the battle of Antietam in September, 1862, have been as thoroughly cut off from the use of the amputating knife as if such an order had actually been published and stringently insisted upon.

"Since this civil war has lasted, now two years and a-half, since so many great battles have been fought, and since time and opportunity have been afforded the Surgeons for familiarising themselves with the diseases common in camp, it might be said that surely they now ought to be able to treat skilfully most of the cases which fall under their observation; and, undoubtedly, those who have had these advantages are so. But men who have been in the field since the first outbreak of the rebellion are rarities in camp. There is a continual change going on in the constituents of the Medical force, which prevents it from improving as a body, although the members of it are daily being taught lessons by experience. It is very unfortunate that the army cannot retain in its service the Surgeons it has made. The force, I think, during the last six months

has deteriorated, the skill and attainments lost to it by men leaving the ranks having been greater than the additions brought by those who fill the vacancies. Many Medical men come out, and after a few months' trial of soldiering, get tired of it, just at the time, perhaps, when experience has begun to render their services of value. Others spend a longer or shorter period with the army, when they become prostrated by sickness; they obtain a short leave of absence to recruit their health, and the home comforts they then experience contrast so strongly with the fatigues and privations of camps and campaigns, that when recovered they have not moral courage sufficient to enable them to undertake a return to the field. Others enter the service with the intention of leaving it again after a short time, their object being simply the possession of the commission which they intend using as a reputation trap to snare patients. It was only the other day that, in looking over the advertisement sheet of the *Herald*, I observed a notification to the public of New York city that So-and-So, late Surgeon of the Such-and-Such regiment, had resumed the practice of his Profession, etc. Again, a number of the Surgeons attached to the nine months' and two years' regiments did not return to the army when mustered out, in consequence of the disbandment of their commands at the expiry of their term of service. But the greatest loss the Surgical force in the field has suffered has been caused by the institution of the United States Corps of Volunteer Surgeons. The members of this body are commissioned by the President, and are employed as Surgeons of Divisions, Medical Directors of Army Corps, or are attached to the various military hospitals now so common throughout the country. No inefficient men belong to this corps—that of the U.S.V., as it is termed—the searching examination to which they are subjected before being commissioned obviates all chance of the admission of any but those possessed of superior talents. The Surgeons in charge of regiments hold their commissions from the Governor of that State which has furnished the troops to which they are attached, and their duty is to be with their commands wherever stationed. Now, although the pay in both services is the same, the superiority of the position attracts the best talent in the field to the ranks of the U.S.V. corps. The men who come from civil life to fill the vacancies are but poor substitutes for those we lose. Good men come, as may be supposed, but the proportion of indifferent Practitioners is very large. They are young men of no experience, and of superficial education from the schools; men good, bad, and indifferent from the cities, who, having but poor practices, attempt to better their fortunes by going a-soldiering; men from the country, whose duty for years previously had been to attend midwifery cases. A few creep into the service, too, possessed of no papers but the commission which by some means they have managed to obtain, such as dentists and druggists who have read perhaps a little. But the purest example of ignorance commissioned in the American Medical Service that I have yet met was in the person of one who might have been styled a political Surgeon. The case, I believe and hope, is unique. He had been a politician. He had represented a county in a certain State during the previous session, and to reward him for party services, probably, he had received the appointment. He knew nothing of Medical science, nor of any other science whatever. He was very illiterate. It amused me to look over the books of the regiment, as kept by him. From his Register I learned that *diorhe*, *rhumatism*, and *chills* and *fever* were the only diseases of which he was cognizant, with the exception of one case of *sore leg*. His prescription-book showed that, in his opinion, the compound cathartic pill of the U. S. Pharmacopœia, or, as he ordered it, *pill cat. co. iii.*, was a specific for all the diseases to which the soldier is liable. His ignorance was too gross for him to be able to keep up appearances for any time, and on a gentle hint having been dropped him concerning the existence of a Board of Examiners at Washington, he took sick, and found not the least

difficulty in having his resignation—based upon his ill-health—accepted."

REPORT OF THE BOARD OF HOSPITALS.

WASHINGTON, D. C., Oct. 12, 1868.

COLONEL:—We have the honor to report the completion of the duties assigned to us by your instructions of July 9, 1863, and to submit for your information the general results of our examinations of soldiers for the invalid corps.

Our examinations have been very thorough, and have extended to all ward-masters, cooks, nurses, clerks, bakers, butchers, and assistant-apothecaries; to soldiers in charge of commissary, quartermaster, and medical supplies, and to guards as well as to convalescent and other patients not under medical or surgical treatment.

According to the results of the examinations the soldiers were ordered for duty in their respective regiments, for transfer to the first or second battalion of the invalid corps, or recommended for discharge from the Army. *Doubtful* cases were ordered to be retained in hospital for further observation and treatment, the PROBABLE result in each case being indicated in the column of remarks by the words "Regiment," "Invalid Corps," or "Discharge."

It will be seen at once that after the thorough examination above indicated, if the orders were carried into effect immediately the hospital would be stripped of all its efficient force, and none (aside from officers) be left except really sick and those whose wounds were not sufficiently healed or health sufficiently restored to go to duty or into the invalid corps.

This difficulty was met in the following manner: the examinations and decisions were first made without reference to the wants of the hospital. The surgeon in charge was then invited to examine the list for the first battalion, invalid corps, and designate the men who were required for service in the hospital, and all men so designated were at once transferred to the list for the second battalion. That officer was then requested to examine the list of soldiers pronounced fit for duty in the field, and he was authorized to retain in hospital all the men on that list marked by him as essential to the administration of the hospital, "until he could supply their places by convalescents not fit for field service, or by detail from the invalid corps," and this he was required to do as soon as possible.

This list of "men essential to the hospital" was confined to men skilled in putting up medicines, trusty men charged with the custody and issue of public property, skilful surgical nurses, clerks, bakers, butchers, and chief cooks.

In all the hospitals we have examined we have found a large proportion of the ward-masters, cooks, nurses, and clerks, unfit for field service, and very many not even proper subjects for the first battalion. The guards were generally the most able-bodied men about the hospital.

Notwithstanding this general fact, some men are retained in hospitals who are fit for active field service, but the numbers are comparatively small; far too small to account for the complaints which are made concerning the non-return of soldiers to their regiments. We think that many more men are reported for duty before they are fully able to bear the labor and exposure of field service than are unduly retained in hospital.

We find that soldiers "reported for duty" are not sent from the hospitals direct to their regiments, as is required by the War Department, Special Orders, No. 89, current series, but that large numbers are retained for various duties in cities, and that those from the hospitals in the New England States first pass through the convalescent hospital at Bedloe's Island, New York harbor, and *all* are sent to the convalescent camp near Alexandria, Virginia. In very many instances months elapse between the soldier's leaving the hospital and his joining his regiment—months that are passed in service disagreeable to the true soldier, who prefers his regiment, and affording time for the indolent and malingerer to be returned once more to

hospital. Some men have passed the greater portion of their enlistment in travelling from hospitals to convalescent camps and from convalescent camps to hospitals.

If it can be so arranged that men may be conducted from the convalescent hospital in each city to their regiments without detention and re-examination in convalescent camps, the armies in the field will be greatly strengthened; but if this be done, justice to the soldier requires that medical officers be enjoined to report none for duty who have not been carefully inspected and found fit for the field. We are satisfied that at present many men are reported for duty who are not in condition for the field, and that this is so, is evident from the number of men transferred to the invalid corps at the convalescent camp near Alexandria.

In the performance of the duties assigned to us we have kept steadily in view that the first object in importance was the return of able-bodied men to their regiments, and next so to organize the invalid corps as to interfere as little as possible with the administration of hospitals. We have taken pains to instruct medical officers as to the manner of completing the companies of the second battalion, so as in time to form a satisfactory hospital corps, by adding men qualified for hospital service, and discharging those found physically unable to perform any duty.

The following table exhibits the results of the examinations made by the Board of Hospitals before as well as subsequent to the relief of Colonel D. B. Sacket as a member of the Board:

LOCALITY.	For duty in Regiments.	For First Battalion, Invalid Corps.	For Second Battalion, Invalid Corps.	For further Observation and Treatment.	For Discharge from the Army.	Total.
Washington.....	584	450	199	514	7	1768
Burlington.....	14	8	9	30	8	64
Battleboro'.....	18	41	24	48	4	130
Boston.....	1	8	4	2	1	11
Portsmouth Grove.....	205	211	126	285	37	864
Hartford, Norwich, and New Haven.....	11	64	47	23	0	145
Newark.....	63	29	35	127	4	258
Chester and Philadelphia.....	538	509	476	870	57	1950
Wilmington and Baltimore.....	543	369	204	244	20	1380
Camp Convalescent, Virginia.....	481	477	72	116	16	1162
Total examined.....	2458	2170	1196	1754	149	7727

We are constrained to report that we have not found one medical officer fully acquainted with the General Orders governing the organization of the invalid corps, nor have we found in any hospital a complete "Invalid Roll." Our examinations have, therefore, in many cases, been extended to a complete inspection of all the soldiers in hospital, instead of being confined to "convalescents, and men fit to leave the hospital, and supposed to be able to go to duty."

Very respectfully, your obedient servant,
 GEO. W. GILE, Colonel Invalid Corps.
 R. H. COOLIDGE, Med. Ins., U.S.A.

COLONEL JAMES B. FRY,
 Provost Marshal-General, U.S.A.,
 Washington, D. C.

ORDERS, CHANGES, &c.

Upon the recommendation of a Board of Officers, instituted by Special Orders 294, July 8d., 1863, from the Adjutant-General's Office, the following officers are hereby discharged the service of the United States, on account of physical disability, with condition that they shall receive no final payments, until they have satisfied the Pay-Department that they are not indebted to the Government.

Surgeon J. P. Wilson, 5th Michigan Cavalry.
 Assistant-Surgeon W. R. Fitch, 82d New York Vols.
 Leave of absence for thirty days has been granted to Acting Assistant-Surgeon M. A. Booth, U.S.A.
 Assistant-Surgeon B. F. Brownfield, 3d Pennsylvania Heavy Artillery,

having been examined by a Board of Medical Officers, and an adverse report thereof, in his case, having been approved by the President, is hereby discharged from the service of the United States.

By direction of the President, Assistant-Surgeon R. L. Braden, U.S.V., is hereby discharged from the service of the United States, on account of physical disability.

By direction of the President, Surgeon W. W. Holmes, U.S.V., is honorably discharged from the service of the United States, in accordance with General Orders No. 100, August 11, 1862, from the War Department.

Leave of absence for twenty days has been granted Assistant-Surgeon A. Waterhouse, 7th Maine Volunteers, on Surgeon's certificate of disability.

Assistant-Surgeon Alfred Woodhull, U.S.A., has been ordered to report in person without delay to Surgeon Charles Sutherland, U.S.A., Medical Director, Department of Virginia and North Carolina, at Fort Monroe, Va.

Assistant-Surgeon C. A. Lee, U.S.A., now on duty in the Douglas Hospital, has been ordered to report in person without delay to the Surgeon-General, U.S.A., to relieve Surgeon E. T. Whittingham, U.S.A.

Assistant-Surgeon Cyrus Bacon, U.S.A., will report in person, without delay, to Surgeon J. Simpson, U.S.A., Medical Director at Baltimore, for duty. As soon as his health will permit, Assistant-Surgeon Bacon will resign his station in the Army of the Potomac.

Surgeon E. F. Bates, U.S.V., has been relieved from duty as a member of the Army Medical Board for the examination of Assistant-Surgeons of Volunteers, now in session in Washington, D.C., and Surgeon Thomas Antisell, U.S.V., has been assigned to duty as a member of said Board in his place. On being relieved, Surgeon Bates will resume his duties at the Carver Hospital near this city.

Assistant-Surgeon Joel Morse, 7th U.S. C. Troops, has reported for duty with his regiment at the Birney Barracks, Baltimore, Md.

Assistant-Surgeon Spears, 3rd U.S. C. T., was captured by the rebels at Crawfish Springs, Georgia.

Leave of absence for ten days has been granted to Assistant-Surgeon C. M. Worthington, U.S.V.

Surgeon Joseph R. Smith, U.S.A., has arrived at Little Rock, Ark., and has relieved Surgeon J. C. Whitehill, U.S.V., as Medical Director of the Army of Arkansas.

A Board of Officers, to consist of Lieut.-Colonel R. H. Coolidge, Medical Inspector, U.S.A., and Lieut.-Colonel Oscar V. Dayton, Invalid Corps, is hereby constituted for the purpose of examining all convalescent patients and enlisted men on duty in General Hospitals and Convalescent Camps, for the purpose of organizing the Invalid Corps, and of designating to the Surgeon in charge, those men who are fit for duty or proper subjects of discharge, in accordance with General Orders No. 308, War Department, 1867. In performance of this duty the Board will visit such General Hospitals and Convalescent Camps as the Provost-Marshal General may from time to time direct, and will be governed by his orders and instructions.

Surgeon H. S. Hewitt, U.S.A., has been ordered to proceed without delay to Nashville, Tenn., and report in person to the Medical Director, Department of the Tennessee, for duty.

By direction of the President, Assistant-Surgeon G. McFarland, 7th Illinois Volunteers, has been dismissed from the service of the United States.

A Board of Officers to consist of Surgeon Wm. J. Sloan, U.S.A., Captain R. C. Morgan, Assistant-Quartermaster of Volunteers, and Assistant-Surgeon J. W. S. Gouley, U.S.A., will assemble at New York city as soon as practicable, for the purpose of examining and reporting upon what portion of public property at the McDougall Hospital at Fort Seayler, New York, shall be transferred to the De Camp General Hospital, David's Island, New York. The junior member will record the proceedings.

Permission to remain in New York city, awaiting orders, has been granted to Surgeon Lincoln K. Stone, 54th Massachusetts Vols.

Upon recommendation of a Board of Officers, instituted by Special Orders 294, July 3, 1868, from the Adjutant-General's Office, Assistant-Surgeon J. H. Hoesepflug, 169th Pennsylvania Vols., has been honorably discharged from the service of the United States, with condition that he shall receive no final payment, until he has satisfied the Pay-Department that he is not indebted to the Government.

The resignations of Surgeons Wm. H. Church and J. H. Wythes, U.S.V., have been accepted by the President, to take effect October 26, 1868.

The verbal orders given Surgeon James H. Thompson, 12th Maine Vols., by the Surgeon-General, U.S.A., to await orders in Washington city, have been confirmed.

Surgeon A. T. Augusta, 7th Regiment, U.S. Colored Troops, has been detached from his regiment and ordered to report in person without delay to Colonel William Birney, 24 U.S. Colored Troops, Recruiting and Mustering Officer, for duty as examining Surgeon at the Recruiting Rendezvous for Colored Troops, Baltimore, Md.

Leave of absence has been granted to Surgeon D. Baguley, 1st Virginia Volunteers, for twenty days.

Surgeon J. A. Lidell, U.S.V., has returned from leave and resumed charge of the Stanton Hospital, Washington, D.C.

Surgeon S. D. Freeman, U.S.V., has been granted leave to visit his home on important private business.

Surgeon G. F. French, U.S.V., has been assigned to duty in General Hospital, No. 3, Vicksburg, Miss.

The 20th and 21st Army Corps having been consolidated into the 4th Army Corps, Surgeon A. J. Phelps, U.S.V., late Medical Director of the 21st, has been assigned to duty as Medical Director of the new Corps.

Surgeon E. F. Sanger, U.S.V., has arrived in New Orleans and been assigned to duty in the field with the 19th Army Corps.

Surgeon John C. Dalton, U.S.V., has been assigned to duty as attending Surgeon on sick and wounded officers of Volunteers, and as Medical Director of Transportation in New York city.

Surgeon R. H. Gilbert, U.S.V., has been assigned to duty in the office of the Medical Director at Philadelphia, Pa.

Medical Purveyors have been ordered not to pay contract physicians upon termination of contract, until they present a notification from the Surgeon-General's Office of the final settlement of their accounts.

Assistant-Surgeon Henry Rockwood, 13th Regiment Massachusetts Vols., tried for conduct unbecoming an officer and a gentleman, and conduct prejudicial to good order and military discipline; found guilty of the charges, and sentenced to be dismissed the military service of the United States. (G. O. 59, Headquarters Army of the Potomac, Sept. 14, 1863.)

Medical News.

At the STATISTICAL CONGRESS recently in session at Berlin it was proposed to form permanent international societies for the relief of the wounded in time of war.

A CONVALESCENT CAMP has been ordered to be established at St. Augustine, Fla., for the benefit of the soldiers of the Southern department who require change of climate.

THE LATE COL. CHAS. R. ELLET, commander of the infantry to the 1st Marine Brigade, was a student of medicine on the breaking out of the war. He was born in Philadelphia, about the year 1840, and was the son of the noted engineer, the late Colonel Ellet, the originator of the famous ram fleet.

INCREASE OF TYPHUS IN THE METROPOLIS.—We hear that a large increase has taken place during the last two months in the typhus cases admitted at the London Fever Hospital. The cases, we believe, are generally from the eastern districts of London. It is reported that the number of cases treated has more than doubled since August 1.—*Med. Times and Gaz.*

The *Journal of Psychological Medicine*, which was established in 1848 by Dr. Forbes Winslow, and has since then appeared under his able editorship, is to be discontinued—at least, in its present form. In an amiable and kindly spirit, Dr. Winslow lays down the editorial *bâton*, which he has so long wielded to the satisfaction of his numerous readers.—*Brit. Med. Jour.*

MORE DEATHS IN CENTRAL AFRICA.—Dr. Dickenson died on March 17, from an attack of malignant bilious fever. Mr. Richard Thornton, a geologist, attached to Dr. Livingstone's expedition, died of dysentery and fever on April 21. Dr. Livingstone, in a letter to Sir R. Murchison, says, "the scene of desolation around us reacts on my health badly."—*Med. Times & Gaz.*

THE OPENING OF THE SESSION AT NETLEY.—Upon the 1st inst. the Medical session at the Army Medical School was opened by an Introductory Lecture from Professor McLean at the Royal Victoria Hospital, Netley. The number of Medical candidates is thirty-three, and, besides the numerous medical officers, there was a good sprinkling of the civil element present.—*Med. Times & Gaz.*

MR. BARWELL, of London, in a lecture on hip-joint disease, makes the following accusation against Prof. Gross:—"This plate is *borrowed* from my work on joint diseases. A similar word will hardly characterize its use by Dr. Gross, of Philadelphia, who in the recent edition, second edition of his 'System of Surgery,' has appropriated this and six other of my illustrations without acknowledgment."

M. REYBARD'S conclusions, in the late discussion on urethrotomy, in the Surgical Society of Paris, are: 1. When the stricture interferes with micturition, is superficial, and of small extent, it may be simply incised. In this way, we obtain a temporary result, which may be also obtained by dilatation; but which is obtained more rapidly by incision, and without accidents. 2. In other cases, where a radical cure is desired, we incise superficially, and dilate largely, once only; this proceeding is expeditious, and gives definite results. M. Reybard obtained, in fourteen cases, fourteen cures without accidents. 3. Deep strictures must be incised largely; and the operation is serious, on account of the deep nature of the incision required. In this deep urethrotomy, M. Reybard has often observed accidents, but has only lost one patient in seventy.—*Brit. Med. Jour.*

MARRIAGES.

ORMISTON—TOOKER.—In Brooklyn, on Wednesday, October 28th, by Rev. T. L. Cuyler, R. ORMISTON, M.D., to SOPHIE R., daughter of J. A. TOOKER, Esq. No cards.

WINCHELL—RYCKMAN.—On Thursday, October 8th, at the bride's residence, by the Rev. Samuel J. Knapp, M. E. WINCHELL, M.D., to Miss MARY M. RYCKMAN, all of this city.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 26th day of October to the 2nd day of November, 1868.

Deaths.—Men, 109; women, 99; boys, 116; girls, 104; total, 428. Adults, 208; children, 220; males, 225; females, 203; colored, 10. Infants under two years of age, 129. Children born of native parents, 27; foreign, 153.

Among the causes of death we notice:—Apoplexy, 10; infantile convulsions, 23; croup, 30; diphtheria, 20; scarlet fever, 14; typhus and typhoid fevers, 18; consumption, 66; small-pox, 0; measles, 0; dropsy in head, 12; infantile marasmus, 21; cholera-morbus, 0; cholera infantum, 4; inflammation of brain, 10; of bowels, 12; of lungs, 23; bronchitis, 6; effects of heat and sun-stroke, 0; erysipelas, 0; diarrhoea and dysentery, 25. 225 deaths occurred from acute diseases, and 49 from violent causes. 274 were native, and 158 foreign; of whom 95 came from Ireland; 64 died in the City Charities; of whom 14 were in Bellevue Hospital, and 4 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
Oct. 1868.												
25th.	32 37	3	30.21	N.E.	41 5	30.22	N.	35 4	30.24	S.W.		
26th.	29 30	4	" 25	N.W.	40 6	" 24	N.W.	39 4	" 23	W.		
27th.	28 29	4	" 24	N.E.	39 6	" 23	N.	33 5	" 22	W.		
28th.	29 33	5	" 21	N.W.	50 8	" 22	W.	40 6	" 24	N.W.		
29th.	31 34	5	" 31	"	40 7	" 28	N.W.	37 4	" 20	"		
30th.	40 41	3	" 17	N.E.	52 1	" 18	N.E.	50 1	" 04	S.E.		
31st.	41 56	1	" 01	S.E.	58 5	" 04	S.	46 4	" 14	S.W.		

REMARKS.—25th. Fresh wind; Cloudy A.M. Clear P.M. 26th. Clear. 27th. Variable A.M. 28th. and 29th. Clear. 30th. Cloudy A.M. Fog and Rain P.M. 31st. Fog and Rain early A.M.; mostly clear P.M.

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